

#22/Ex 3/17/3 Surles **PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Benham Tabrizi

Application No.: 09/677,291

Filed: 10/02/2000

Group No.: 2815 Examiner: C. Chu

For: Semiconductor Packaging

Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application. 1.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:

\$110.00

FEE FOR CLAIMS

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

- deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231 37 C.F.R. § 1.10* 37 C.F.R. § 1.8(a)
- with sufficient postage as first class mail.

Date: February 27, 2003

☐ as "Express Mail Post Office to Addressee" Mailing Label No.

(mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Amendment Transmittal--page 1 of 2

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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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•	CLAIMS							-			
	REMAINING	HIGH	EST NO.								
	AFTER	PREVI	OUSLY	PRE	SENT					ADDIT.	
	AMENDMENT	PAID FOR		EXTRA		RATE				FEE	
TOTAL	34		39	=	0	х	\$	18.00	=	\$	0.00
INDEP.	7		8	=	0	х	\$	84.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
								TOTAL			
							$A\Gamma$	DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$110.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 19-4972.

An additional fee for claims is required, charge Account No. 19-4972.

Date: February 27, 2003

John J. Stickevers

Registration No. 39,387
Bromberg & Sunstein LLP

125 Summer Street

Boston, MA 02110-1618

US

617-443-9292

Customer No. 02101

002101
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